

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000129758

**FILED**  
**Jan 15, 2011**  
**Secretary of State**

**Entity Name:** ROBERT W. PARKINSON, D.M.D., P.A.

**Current Principal Place of Business:**

330 EAST BLOOMINGDALE AVENUE  
BRANDON, FL 33511

**New Principal Place of Business:**

10465 GIBSONTON DR  
RIVERVIEW, FL 33578

**Current Mailing Address:**

1708 S. HABANA AVENUE  
TAMPA, FL 33629

**New Mailing Address:**

**FEI Number:** 20-5705405

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

PARKINSON, ROBERT W  
330 EAST BLOOMINGDALE AVE.  
BRANDON, FL 33511 US

**Name and Address of New Registered Agent:**

PARKINSON, ROBERT W  
10465 GIBSONTON DR  
RIVERVIEW, FL 33578 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

01/15/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PARKINSON, ROBERT W  
Address: 1708 S. HABANA AVE.  
City-St-Zip: TAMPA, FL 33629

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT PARKINSON

P

01/15/2011

Electronic Signature of Signing Officer or Director

Date